CHEDULE E)					PAGE 1	OF 1 FORM 24/48
AME OF COMMITTE (In Full)						
JSA PAC					C IDENTIFICATION C00523910	ON NUMBER V
heck If 24-hour report X 48-hour rep	ort New	report Amen	ds report file	d on	/ D D /	YIYIY
Full Name (Last, First, Middle Initial) of Pay Pete James	ree			Date	1 / D D /	Y Y Y Y
Mailing Address 500 Washington St. N				Amount	12	2012
City	State	Zip Code		· · · ·		24000.00
Tullahoma	TN	37388	0.55		n ID : SE.4164	Ctoto
Purpose of Expenditure Television advertisement		Category/ Type 00		ice Sought:	House Senate	State: TN District: 06
Name of Federal Candidate Supported or C DIANE L MRS. BLACK	Opposed by Expend	liture:	Che	eck One:	President Support	X Oppose
Calendar Year-To-Date Per Election for Office Sought		82300.00)	or: Primary (specify)	General
Full Name (Last, First, Middle Initial) of Pay	ree			Date	· ·	
Mailing Address				M = N	/ D D /	Y Y Y Y
Mailing Address				Amount		
City	State	Zip Code			7 7	
Purpose of Expenditure		Category/ Type	Offi	ice Sought:	House Senate	State:
Name of Federal Candidate Supported or Opposed by Expenditure:				eck One:	President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought			Dis	bursement F	or: Primary (specify)	General
(a) SUBTOTAL of Itemized Independent Exp	penditures		······ >		7 1 7	24000.00
(b) SUBTOTAL of Unitemized Independent I	Expenditures		······		7 7	
(c) TOTAL Independent Expenditures						24000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan Martin [Electronically Filed] 08 2012 16 Date Signature